

FORM BXA-6051P
(REV. 10-89)U.S. DEPARTMENT OF COMMERCE
BUREAU OF EXPORT ADMINISTRATION

THIS SPACE FOR BXA USE

788286

**REPORT OF REQUEST FOR RESTRICTIVE TRADE PRACTICE OR BOYCOTT
MULTIPLE TRANSACTIONS (Sheet No. 1)**

(For reporting requests described in 769 of the Export Administration Regulations)

NOTICE OF RIGHT TO PROTECT CERTAIN INFORMATION FROM DISCLOSURE.

The Export Administration Act permits you to protect from public disclosure information regarding the quantity, description, and value of the commodities or technical data supplied in Item 9 of this report and in any accompanying documents. *If you do not claim this protection, all of the information in your report and in accompanying documents will be made available for public inspection and copying.* You can obtain this protection by certifying, in Item 5 of the report, that disclosure of the information regarding the quantity, description and value of the commodities or technical data referred to above would place a United States company or individual involved in the report at a competitive disadvantage. If you make such a certification in Item 5, you may remove information regarding the quantity, description, and value of the commodities or technical data supplied by you from Item 9 of the public inspection copy of the report form and from the public inspection copies of the accompanying documents. The withholding of this information will be honored by the Department unless the Secretary determines that disclosure of the information would not place a United States company or individual at a competitive disadvantage or that it would be contrary to the national interest to withhold the information.

A
1

BATCH

2

5

MONTH/YEAR

6

9

This report is required by law (50 U.S.C. App. §2403-1a(b); P.L. 95-52; E.O. 12002; 15 CFR Part 769). Failure to report can result both in criminal penalties, including fines or imprisonment, and administrative sanctions.

INSTRUCTIONS: 1. This form may not include a transaction report that is filed late, nor indicate a decision on request other than those coded in Item 4 below. 2. This form may be used to report on behalf of another United States person if all transactions apply to the person identified in Item 2, but may not be considered as a dual report on behalf of both persons identified in Item 1a and Item 2. 3. Limit each report to 75 transactions or less. 4. Attach as many continuation sheets as needed. Enter sheet number and name of reporting firm on each continuation sheet (starting with Sheet No 2). 5. List each transaction across the continuation sheet, completing all items that apply. Use as many lines as necessary but separate transactions with a blank space or line. 6. Assemble original report form and accompanying documents as a unit, and submit intact and unaltered. 7. Assemble and submit the duplicate copy of report form (marked Duplicate (Public Inspection Copy)) and additional copies of accompanying documents (marked with the legend "Public Inspection Copy.") 4. If you certify, in Item 5, that the disclosure of the information specified there would cause competitive disadvantage, edit the "Public Inspection Copy" of the documents submitted to exclude the specified information and remove the right hand portion of the Duplicate (Public Inspection Copy) of the continuation sheet(s) relating to Column 9. **MULTIPLE TRANSACTIONS:** Public reporting for this collection of information is estimated to average one hour per reported request, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Office of Security and Management Support, Bureau of Export Administration, U.S. Department of Commerce, Washington, D.C. 20230; and to the Office of Management and Budget, Paperwork Reduction Project (0694-0012), Washington, D.C. 20503.

1a. Identify firm submitting this report:

Name: JOHNSON & JOHNSON INTERNATIONAL, EXPORT DIVISION
Address: P.O. BOX 6800
City, State and ZIP: PISCATAWAY, NEW JERSEY 08850-6800
Country (if other than USA):
Telephone: 732-562-7900
Firm Identification No. (if known)

Specify firm type:

- ☒ Exporter
☐ Bank
☐ Forwarder
☐ Carrier
☐ Insurer
☐ Other

1b. Check any applicable box:

- ☐ Revision of a previous report (attach two copies of the previously submitted report)
☐ Resubmission of a deficient report returned by BTR (attach form letter that was returned with deficient report)
☐ Report on behalf of the person identified in item 2

2. If you are authorized to report and are reporting on behalf of another U.S. person, identify that person (e.g., domestic subsidiary, controlled foreign subsidiary, exporter, beneficiary):

Name:
Address:
City, State and ZIP: N/A
Country (if other than USA):
Type of firm: (see list in item 1a)

3. REQUESTING DOCUMENT CODES (use to code Column 6 of continuation sheet)

- C Request to carrier for blacklist certificate (submit two copies of blacklist certificate or transcript of request)
U Unwritten, not otherwise provided for (make transcript of request and submit two copies)
L Letter of credit
R Requisition/purchase order/accepted contract/ shipping instruction
B Bid invitation/tender/proposal/trade opportunity
Q Questionnaire (not related to a particular dollar value transaction)
9 Other written

Submit two copies of each document or relevant page in which the request appears.

4. DECISION ON REQUEST CODES (use to code Column 7 of continuation sheet)

- R Have not taken and will not take the action requested
T Have taken or will take the action requested

5. Protection of Certain Information from Disclosure: (Check appropriate boxes and sign Below)

☒ I (we) certify that disclosure to the public of the information regarding quantity, description, and value of the commodities or technical data contained in:

☐ Column 9 of the attached continuation sheets (If you check this box, be sure to remove column 9 from the Duplicate (Public Inspection Copy)) of the continuation sheets.

☒ Attached documents (If you check this box, be sure to edit the "Public Inspection Copy" of the documents submitted to exclude the specified information.) would place a United States person involved at a competitive disadvantage, and I (we) request that it be kept confidential

☐ I (we) authorize public release of all information contained in the report and in any attached documents.

I (we) certify that all statements and information contained in this report are true and correct to the best of my (our) knowledge and belief.

Sign here in ink

Type or print AXEL VELDEN, DIRECTOR

Date OCTOBER 28, 1997

Column (2) Also enter firm identification number assigned to exporting firm, if known. (6) Use codes found on Sheet No. 1 to specify type(s) of document conveying the request. (7) Use codes found on Sheet No.1 to indicate whether action taken or not taken. (8) Enter reporting firm's reference number (e.g., letter of credit, customer order, invoice). This number must appear on corresponding copy of document or relevant page. Attach copies in same order as listed on continuation sheet(s).	SHEET NO. 788286	SHEET 1	FORM BXA-6051P-a (Rev. 10-89)	U.S. DEPARTMENT OF COMMERCE Bureau of Export Administration
	REPORTING FIRM (Name) JOHNSON & JOHNSON INTERNATIONAL EXPORT DIVISION		REPORT OF REQUEST FOR RESTRICTIVE TRADE PRACTICE OR BOYCOTT MULTIPLE TRANSACTIONS (Continuation Sheet)	

RSN SUBSET RTP/CLASS OTHER PARTY FIN (1)	NAME AND ADDRESS OF EXPORTING FIRM INVOLVED <i>(unless same as item 1a or item 2 on Sheet No. 1)</i> (2)	BOYCOTTING COUNTRY (3)	BOYCOTTED COUNTRY OR COUNTRIES (4)	DATE REQUEST RECEIVED BY FIRM (month/day/year) (5)	REQUEST- ING DOCUMENT CODE (6)	DECISION ON REQUEST CODE (7)	YOUR REFERENCE NUMBER (8)
THIS SPACE FOR BXA USE <i>Reportable</i>		OMAN	ISRAEL	7/7/97	B	R	SQUH/79/97 5449/97
		OMAN	ISRAEL	7/14/97	B	R	SQUH/092/97 5467/97
		OMAN	ISRAEL	7/15/97	B	R	SQUH/92/97 5468/97
		OMAN	ISRAEL	7/21/97	B	R	SQUH/BV/10789 5487/97
		OMAN	ISRAEL	7/28/97	B	R	SQUH/98/97 5501/97
		UAE	ISRAEL	7/30/97	R	R	AJM.97/6050

(Remove stub from public inspection copy at perforation if confidentiality is requested in Sheet No. 1)

Column (2) Also enter firm identification number assigned to exporting firm, if known.
(6) Use codes found on Sheet No. 1 to specify type(s) of document conveying the request.
(7) Use codes found on Sheet No.1 to indicate whether action taken or not taken.
(8) Enter reporting firm's reference number (e.g., letter of credit, customer order, invoice). This number must appear on corresponding copy of document or relevant page. Attach copies in same order as listed on continuation sheet(s).

SHEET NO. 788286 SHEET2
REPORTING FIRM (Name)
JOHNSON & JOHNSON INTERNATIONAL
EXPORT DIVISION

FORM BXA-6051P-a
(Rev. 10-89)
U.S. DEPARTMENT OF COMMERCE
Bureau of Export Administration
REPORT OF REQUEST FOR RESTRICTIVE TRADE PRACTICE OR BOYCOTT
MULTIPLE TRANSACTIONS (Continuation Sheet)

RSN SUBSET RTP/CLASS OTHER PARTY FIN (1)	NAME AND ADDRESS OF EXPORTING FIRM INVOLVED (unless same as item 1a or item 2 on Sheet No. 1) (2)	BOYCOTTING COUNTRY (3)	BOYCOTTED COUNTRY OR COUNTRIES (4)	DATE REQUEST RECEIVED BY FIRM (month/day/year) (5)	REQUEST- ING DOCUMENT CODE (6)	DECISION ON REQUEST CODE (7)	YOUR REFERENCE NUMBER (8)
THIS SPACE FOR BXA USE <i>Reportable</i>		OMAN	ISRAEL	7/31/97	R	R	SQUH/972352
		OMAN	ISRAEL	7/16/97	R	R	SQUH/L-970574 972206
		OMAN	ISRAEL	8/11/97	B	R	SQUH/098/97 5523/97
		OMAN	ISRAEL	8/4/97	B	R	SQUH/098/97 5512/97
		OMAN	ISRAEL	8/14/97	B	R	SQUH/12483 5528/97
		OMAN	ISRAEL	8/20/97	B	R	SQUH/103/97 5542/97

(Remove stub from public inspection copy at perforation if confidentiality is requested in Sheet No. 1)

Column (2) Also enter firm identification number assigned to exporting firm, if known.
(6) Use codes found on Sheet No. 1 to specify type(s) of document conveying the request.
(7) Use codes found on Sheet No.1 to indicate whether action taken or not taken.
(8) Enter reporting firm's reference number (e.g., letter of credit, customer order, invoice). This number must appear on corresponding copy of document or relevant page. Attach copies in same order as listed on continuation sheet(s).

SHEET NO. 788286 SHEET 3

FORM BXA-6051P-a
(Rev. 10-89)

U.S. DEPARTMENT OF COMMERCE
Bureau of Export Administration

REPORTING FIRM (Name)

JOHNSON & JOHNSON INTERNATIONAL
EXPORT DIVISION

REPORT OF REQUEST FOR RESTRICTIVE TRADE PRACTICE OR BOYCOTT
MULTIPLE TRANSACTIONS (Continuation Sheet)

RSN SUBSET RTP/CLASS OTHER PARTY FIN (1)	NAME AND ADDRESS OF EXPORTING FIRM INVOLVED (unless same as item 1a or item 2 on Sheet No. 1) (2)	BOYCOTTING COUNTRY (3)	BOYCOTTED COUNTRY OR COUNTRIES (4)	DATE REQUEST RECEIVED BY FIRM (month/day/year) (5)	REQUEST- ING DOCUMENT CODE (6)	DECISION ON REQUEST CODE (7)	YOUR REFERENCE NUMBER (8)
THIS SPACE FOR BXA USE <i>Reportable</i>		OMAN	ISRAEL	9/4/97	B	R	SQUH/103/97 5544/97
		OMAN	ISRAEL	9/4/97	R	R	SQUH-19/L. 970295/MSS 971248
		OMAN	ISRAEL	9/14/97	B	R	SQUH/111/97 5584/97
		OMAN	ISRAEL	9/23/97	B	R	ROP REQUIREMENT 5591/97
		OMAN	ISRAEL	9/23/97	R	R	55112
		OMAN	ISRAEL	9/30/97	B	R	SQUH/404/1470 5594/97

(Remove stub from public inspection copy at perforation if confidentiality is requested in Sheet No. 1)

Johnson & Johnson International

EXPORT DIVISION

POST OFFICE BOX 6800
PISCATAWAY, N.J. U.S.A. 08855-6800

October 28, 1997

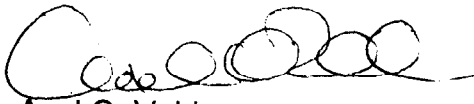
Report processing Staff
Office of Arab Boycott Compliance
ITA, U.S. Department of Commerce
Room 2096
Washington, D.C. 20230

Gentlemen:

In compliance with the regulations of your office, we are reporting eighteen (18) boycott request transactions for the third quarter of 1997.

These have been reported on BXA form BXA-6051P (# 787754) and is accompanied by three (3) attachment sheets of BXA-6051P-a.

Sincerely,



Axel O. Velden

cc: N. Baker

attachments

5449/97

IBN SINA PHARMACY LLC

P.O. BOX 169, MUTTRAH, POSTAL CODE 114, SULTANATE OF OMAN

TELEFAX MESSAGE

TELEFAX NO. 703472

TELEPHONE NO. 796367 (6 LINES) TELEX 3168 IBNSINA ON

Sultan Qaboos University

HOSPITAL

SUPPLIES DEPARTMENT



مستشفى
جامعة السلطان قابوس

13. All goods to be supplied as a part of this order must comply with the Israeli Boycott rules stipulated by the Royal Oman Police.



MAZOOON PHARMACY

P.O. Box 24 Jibroo, Postal Code 114

Sultanate of Oman

Off. Tel : 714562 / 714563 / 712905 / 25 / 51

Telex : 5346 MOHAB ON, Cbl : Basima - Muscat

Fax : (968) 713466

C.R. No. : 3 / 01527 / 1, Imp. Lic. No. : 7464

Sultan Qaboos University

HOSPITAL

SUPPLIES DEPARTMENT



مستشفى
جامعة السلطان قابوس

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5468/97

IBN SINA PHARMACY LLC

P.O. BOX 169, MUTTRAH, POSTAL CODE 114, SULTANATE OF OMAN

TELEFAX MESSAGE

TELEFAX NO. 703472

TELEPHONE NO. 796367 (6 LINES) TELEX 3168 IBNSINA ON

Sultan Qaboos University

HOSPITAL

SUPPLIES DEPARTMENT



مستشفى
جامعة السلطان قابوس

13. All goods to be supplied as a part of this order must comply with the Israeli Boycott rules stipulated by the Royal Oman Police.

5481/97



TELEFAX ORDER

REF. ISQUH/	MUSCAT PHARMACY
DATE : -	P.O. BOX 438 MUSCAT
PAGES : 1	POSTAL CODE 113
	SULTANATE OF OMAN
	TELEPHONE : (00968) 794501
	TELEFAX : (00968) 795202
	TELEX : 3361 MEDICINE ON

Sultan Qaboos University

HOSPITAL

SUPPLIES DEPARTMENT



مستشفى

جامعة السلطان قابوس

13. All goods to be supplied as a part of this order must comply with the Israeli Boycott rules stipulated by the Royal Oman Police.

5501/97

IBN SINA PHARMACY LLC

P.O. BOX 169, MUTTRAH, POSTAL CODE 114, SULTANATE OF OMAN

TELEFAX MESSAGE

TELEFAX NO. 703472

TELEPHONE NO. 796367 (6 LINES) TELEX 3168 IBNSINA ON

Sultan Qaboos University

HOSPITAL

SUPPLIES DEPARTMENT



مستشفى

جامعة السلطان قابوس

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1

AJM-27/96

UNITED ARAB EMIRATES

MINISTRY OF HEALTH



دولة الامارات العربية المتحدة
وزارة الصحة

UNITED ARAB EMIRATES
MINISTRY OF HEALTH

GENERAL CONDITIONS TO TENDER NO.

AJM - 27/96

دولة الامارات العربية المتحدة

وزارة الصحة

الشروط العامة للمنافسة رقم (ف ت /

لتوريد وتركيب أجهزته ومعدات طبيه لوزارة الصحة.

1- TAKE THE FOLLOWING LAID DOWN:

1- يجب على كل من يتقدم في هذه المنافسة مراعاة

الآتي:

a) SHOULD HAVE AN ACTUAL COMMERCIAL
ACTIVITY IN THE FIELD OF THE TENDER.

(أ) أن يكون له نشاط تجاري فعلي في غالبية الاصناف

محل هذه المنافسة .

* b) SHOULD COMPLY WITH ALL THE RULES
AND REGULATIONS REGARDING THE
ISRAEL BOYCOTT.

(ب) أن يتقيد بجميع الاحكام والقيود المتعلقة بمقاطعة

SQUH/972352



TELEFAX ORDER

REF. ISQUH/	MUSCAT PHARMACY
DATE : —	P.O. BOX 438 MUSCAT
PAGES : 1	POSTAL CODE 113
	SULTANATE OF OMAN
	TELEPHONE : (00968) 794501
	TELEFAX : (00968) 795202
	TELEX : 3361 MEDICINE ON

Sultan Qaboos University

HOSPITAL

SUPPLIES DEPARTMENT



مستشفى

جامعة السلطان قابوس

13. All goods to be supplied as a part of this order must comply with the Israeli Boycott rules stipulated by the Royal Oman Police.



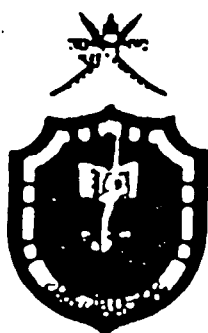
TELEFAX ORDER

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PAGES : 1	POSTAL CODE 113
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MAZOOON PHARMACY

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مستشفى
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مستشفى
جامعة السلطان قابوس

13. All goods to be supplied as a part of this order must comply with the Israeli Boycott rules stipulated by the Royal Oman Police.

5528/97



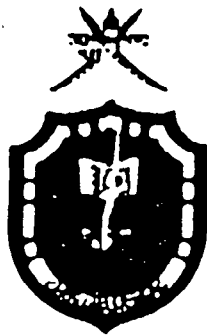
TELEFAX ORDER

REF. ISQUH/	MUSCAT PHARMACY
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PAGES : 1	POSTAL CODE 113
	SULTANATE OF OMAN
	TELEPHONE : (00968) 794501
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	TELEX : 3361 MEDICINE ON

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مستشفى

جامعة السلطان قابوس

13. All goods to be supplied as a part of this order must comply with the Israeli Boycott rules stipulated by the Royal Oman Police.



TELEFAX ORDER

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DATE : -	P.O. BOX 438 MUSCAT
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	SULTANATE OF OMAN
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SUPPLIES DEPARTMENT



مستشفى

جامعة السلطان قابوس

13. All goods to be supplied as a part of this order must comply with the Israeli Boycott rules stipulated by the Royal Oman Police.

5544/97

IBN SINA PHARMACY LLC

P.O. BOX 169, MUTTRAH, POSTAL CODE 114, SULTANATE OF OMAN

TELEFAX MESSAGE

TELEFAX NO. 703472

TELEPHONE NO. 796367 (6 LINES) TELEX 3168 IBNSINA ON

Sultan Qaboos University

HOSPITAL

SUPPLIES DEPARTMENT



مستشفى
جامعة السلطان قابوس

13. All goods to be supplied as a part of this order must comply with the Israeli Boycott rules stipulated by the Royal Oman Police.

1

SQUH-19/L.970295/
MSS/971248



TELEFAX ORDER

REF. 'SQUH/	MUSCAT PHARMACY
DATE : -	P.O. BOX 438 MUSCAT
PAGES : 1	POSTAL CODE 113
	SULTANATE OF OMAN
	TELEPHONE: (00968) 794501
	TELEFAX : (00968) 795202
	TELEX : 3361 MEDICINE ON

Sultan Qaboos University

HOSPITAL

SUPPLIES DEPARTMENT



مستشفى

جامعة السلطان قابوس

13. All goods to be supplied as a part of this order must comply with the Israeli Boycott rules stipulated by the Royal Oman Police.

5584/97

IBN SINA PHARMACY LLC

P.O. BOX 169, MUTTRAH, POSTAL CODE 114, SULTANATE OF OMAN

TELEFAX MESSAGE

TELEFAX NO. 703472

TELEPHONE NO. 796367 (6 LINES) TELEX 3168 IBNSINA ON

Sultan Qaboos University

HOSPITAL

SUPPLIES DEPARTMENT



مستشفى
جامعة السلطان قابوس

13. All goods to be supplied as a part of this order must comply with the Israeli Boycott rules stipulated by the Royal Oman Police.

1

5591/97

IBN SINA PHARMACY LLC

P.O. BOX 169, MUTTRAH, POSTAL CODE 114, SULTANATE OF OMAN

TELEFAX MESSAGE

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5594/97



TELEFAX ORDER

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	SULTANATE OF OMAN
	TELEPHONE : (00968) 794501
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مستشفى

جامعة السلطان قابوس

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55112

مؤسسة حمد الطبية

HAMAD MEDICAL CORPORATION

MATERIALS MANAGEMENT DEPT. إدارة المجهيزات والمخزون

Tel: 4494 8030/8071 Ext: 422389

تلفون : ٤٤٩٤ - ٨٠٣٠ / ٨٠٧١ - ٤٢٢٣٨٩

P. O. Box: 3050, Doha - Qatar

ص. ب. : ٣٠٥٠ - الدوحة - قطر

Phone: 382125, 382154, 382366

تيلكس : ٣٨٢١٢٥ / ٣٨٢١٥٤ / ٣٨٢٣٦٦

PURCHASE ORDER أمر شراء

9. The Contractor shall present the following forms/documents with each and every consignment at the time of delivery:

Local Vendor

1 original invoice

Overseas Contractors

1 original delivery note

2 original legalised invoices

2 original packing lists

2 original legalised Certificates of Origin

2 original Airwaybills

1 Israeli Boycott Shipping Declaration

(sea freight only)

1 original legalised Certificate of Health

(Nutritional Products)

1 original legalised Certificate of Purity & Radioactivity

(drugs & pharmaceuticals)

1 original legalised Certificate of Analysis

(drugs & pharmaceuticals)

(drugs & pharmaceuticals)

... THE OFFICE